

**AMENDMENT  
TO  
SUMMARY OF BENEFITS**

This Amendment modifies the group dental Benefits listed in the Summary of Benefits and afforded by the Contract with Delta Dental of Wisconsin, Inc., and must be read in conjunction with the Handbook and Summary of Benefits. The Summary of Benefits remains unchanged except as modified by this Amendment. Please read this Amendment carefully.

Please be advised that on July 1, 2025 the following Special Health Care Needs (as defined below) Benefits are provided under your Contract. If a Subscriber or Covered Dependent satisfies the qualifications outlined in the **Special Health Care Needs Benefit Qualifications** section, the Benefits outlined in the **Special Health Care Needs Benefits** section are available to the applicable individual.

**Special Health Care Needs Benefit Qualifications**

For the Subscriber or Covered Dependent to participate in the Special Health Care Needs Benefits, all of the following must be true for that Subscriber or Covered Dependent:

1. The Subscriber or Covered Dependent has Special Health Care Needs;
2. The Subscriber's or Covered Dependent's Special Health Care Needs significantly impair the individual's ability to obtain routine covered dental services; and
3. The Subscriber's or Covered Dependent's Provider performs an initial assessment of the individual, concludes the individual satisfies the qualifications for Special Health Care Needs, and submits any requested documentation to Delta Dental. When the Provider makes the initial assessment, the Provider will assess their need to change or add new equipment, increase procedure time, and/or change or require additional therapeutic regimes and/or techniques to provide treatment. The Provider may ask for documentation evidencing the Subscriber or Covered Dependent's Special Health Care Needs.

"Special Health Care Needs" is any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition requiring medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental causes and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activities.

Special Health Care Needs may include any of the following:

- Intellectual and neurodevelopmental disabilities
- Environmental or congenital injuries leading to disability
- Chromosomal abnormalities
- Syndromes or sequences with craniofacial or airway abnormalities
- Other sequences that require special dental care needs
- Any other syndrome, sequence, or abnormality which is not otherwise specified but has a significant deleterious effect in activities of daily living and/or requires significant modification at home and/or in care settings

Special Health Care Needs does not include a standalone diagnosis of anxiety, depression, or fear of dentists or dental treatment (odontophobia) which is not part of a covered condition.

### **Special Health Care Needs Benefits**

If a Subscriber or Covered Dependent satisfies the qualifications for the Special Health Care Needs Benefits as outlined in the **Special Health Care Needs Qualifications** section above, the **Schedule of Benefits, Limitations and Coverage Percentage** table in the Summary of Benefits will be amended as follows for that individual:

1. The individual is eligible for an unlimited number of evaluations beyond any frequency limitations for such benefit in the Contract.
2. The individual is eligible for up to two additional dental visits per Benefit Accumulation Period for periodontal maintenance or prophylaxis.
3. Dental case management is added as a Benefit for the individual. The Deductible and Maximum Benefit (annual plan maximum), if any, apply.
4. Behavior management is added as a Benefit for the individual. The Deductible and Maximum Benefit (annual plan maximum), if any, apply.
5. Up to four (4) units of general anesthesia is added as a Benefit for the individual. The Deductible and Maximum Benefit (annual plan maximum), if any, apply.
6. Application of desensitizing medication is added as a Benefit for the individual. The Deductible and Maximum Benefit (annual plan maximum), if any, apply.

**THIS AMENDMENT IS PART OF THE SUMMARY OF BENEFITS AND HANDBOOK REFERENCED HEREIN AND SHOULD BE KEPT WITH THOSE DOCUMENTS.**